



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR ACTIVE/INACTIVE
STATUS REQUEST OF THE HOISTING LICENSE

Please send application to:
Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108, Attn: Licensing Unit

Any operator of Hoisting Machinery who is unable to obtain the required continuing education necessary to renew their License may request that the License be placed in inactive status for up to 1 continuing education cycle and shall make the request in writing. Operators holding a License on an inactive status shall not be authorized to operate Hoisting Machinery for the time period that the License is inactive. A determination by the Department that a licensee may return to active status shall be made following the Department's receipt of a written request by the Licensee, the required renewal fee, a Certificate of Completion, and submission of required documentation pursuant to 520 CMR 6.02(6).

Full Name: _____
(first name) (middle Initial) (last name)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Phone #: _____ Email Address: _____

Hoisting License: HE - _____ Restrictions: _____ Expiration Date: ____/____/____

I am requesting for the following status change to my Massachusetts Hoisting Machinery License:

☐ **Place License in an Inactive status for up to 1 continuing education cycle** ☐ **Remove Inactive status from License**

Please provide an explanation below for requesting an Active/Inactive status change to your Hoisting Machinery License:
(Please attach additional pages if necessary)

[For removal of Inactive status only]

Has the Department received the required renewal fee and the required documentation pursuant to 520 CMR 6.02(6).

[] YES [] NO

CERTIFICATION:

I hereby certify under the penalty of law that this document and all attachments to the best of my knowledge are true and accurate.

Signature of Applicant

Printed Name

Date